



CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Brower Manufacturing
630 55th St.
Quincy, IL 62301

Re: Closure Plan Review

Facility Name: Brower Manufacturing
USEPA ID #: 006294102
0010655009

Dear Sirs:

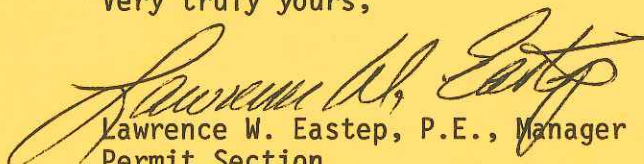
As you are aware, we are currently evaluating the request for closure of your facility as referenced above, and which is regulated under the Resource Conservation and Recovery Act (RCRA).

On November 8, 1984, the Hazardous and Solid Waste Amendments of 1984 (the Amendments) were enacted to amend RCRA. Under Section 206 and Section 233 (copies enclosed) of the Amendments, all facilities "seeking a permit" (taken to mean interim status facilities) must provide for corrective action for all releases of hazardous waste or constituents from any solid waste management unit, regardless of the time at which waste was placed in the Unit. Please note that both hazardous and non-hazardous wastes can meet the definition of solid waste under 40 CFR 261.2.

Consequently, we must determine whether such releases have ever occurred at the facility site. If they have, we must ensure that any necessary corrective actions either have been taken, or will be taken, pursuant to a decision on your closure plan. An important part of our determination includes your willingness (or unwillingness) to complete the enclosed certification form. Please read it carefully, complete it, and either sign and return it, or return it to us unsigned with a cover letter of explanation, within 30 days of the date of this letter. Public notice of your request for closure approval, and this request, will be in a newspaper of general circulation in the area of the facility.

Please call Permit Section at 217/782-6762 if you have any questions, or wish to discuss this matter further.

Very truly yours,


Lawrence W. Eastep, P.E., Manager
Permit Section
Division of Land Pollution Control

LWE:CA:tk:5/2/9

Enclosures

cc: ~~David A. Stringham~~, USEPA - Region V *Jim Mayka*
Permit Section
Division File
Central Region

FORM 1 GENERAL		U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program <i>(Read the "General Instructions" before starting.)</i>	EPA I.D. NUMBER <div style="border: 1px solid black; padding: 2px; display: inline-block;"> F 1LD0062941-025 </div>
LABEL ITEMS <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> I. EPA I.D. NUMBER III. FACILITY NAME Brower Mfg. Co. V. FACILITY MAILING ADDRESS 640 South Fifth Street Quincy, Illinois 62301 </div>		GENERAL INSTRUCTIONS If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.	

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X			F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY

C	1	SKIP	69
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IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)				B. PHONE (area code & no.)			
C	2						

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX				B. CITY OR TOWN		C. STATE	D. ZIP CODE
C	3	640 S. FIFTH ST		QUINCY	IL	62301	

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER				B. COUNTY NAME		C. CITY OR TOWN		D. STATE	E. ZIP CODE	F. COUNTY CODE (if known)
C	5	SAME								

CONTINUED FROM THE FRONT

II. SIC CODES (4-digit, in order of priority)

A. FIRST				B. SECOND			
(specify)				(specify)			
C. THIRD				D. FOURTH			
(specify)				(specify)			

III. OPERATOR INFORMATION

A. NAME												B. Is the name listed in Item VIII-A also the owner?	
Brower Mfg. Co.												<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)												D. PHONE (area code & no.)	
F = FEDERAL S = STATE P = PRIVATE				M = PUBLIC (other than federal or state) O = OTHER (specify)				P (specify) Private		217 222 8561			
E. STREET OR P.O. BOX													
640 South Fifth Street													
F. CITY OR TOWN						G. STATE		H. ZIP CODE		IX. INDIAN LAND			
Quincy, Illinois						IL		62301		Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			

EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)						D. PSD (Air Emissions from Proposed Sources)					
N						9 P					
B. UIC (Underground Injection of Fluids)						E. OTHER (specify)					
U						(specify)					
C. RCRA (Hazardous Wastes)						E. OTHER (specify)					
R						782182 State of Illinois EPA					

I. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

II. NATURE OF BUSINESS (provide a brief description)

Manufacturer of poultry and livestock equipment.

III. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)		B. SIGNATURE		C. DATE SIGNED	
Chas. A. Howe Plant Manager				AUG 7 1980	

COMMENTS FOR OFFICIAL USE ONLY

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FORM 1	EPA	U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program (Read the "General Instructions" before starting.)	EPA I.D. NUMBER F 1LD006294102
LAB. ITEMS		GENERAL INSTRUCTIONS	
I. EPA I.D. NUMBER	<div style="font-size: 4em; font-weight: bold; margin: 0;">7</div>		<p>If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.</p>
III. FACILITY NAME			
V. FACILITY MAILING ADDRESS			
VI. FACILITY LOCATION			
Brower Mfg. Co. 640 South Fifth Street Quincy, Illinois 62301			

II. POLLUTANT CHARACTERISTICS													
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				YES	NO	FORM ATTACHED					YES	NO	FORM ATTACHED
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E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)				X			F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)					X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)					X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)					X	
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III. NAME OF FACILITY											
<div style="border: 1px solid black; padding: 2px;"> 1 SKIP </div>											
IV. FACILITY CONTACT											
A. NAME & TITLE (last, first, & title)						B. PHONE (area code & no.)					
<div style="border: 1px solid black; padding: 2px;"> 2 </div>						<div style="border: 1px solid black; padding: 2px;"> 3 </div>					
V. FACILITY MAILING ADDRESS											
A. STREET OR P.O. BOX											
<div style="border: 1px solid black; padding: 2px;"> 3 640 S. FIFTH ST. </div>											
B. CITY OR TOWN						C. STATE		D. ZIP CODE			
<div style="border: 1px solid black; padding: 2px;"> 4 Quincy </div>						<div style="border: 1px solid black; padding: 2px;"> 5 IL </div>		<div style="border: 1px solid black; padding: 2px;"> 6 62301 </div>			
VI. FACILITY LOCATION											
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER											
<div style="border: 1px solid black; padding: 2px;"> 5 SAME </div>											
B. COUNTY NAME											
<div style="border: 1px solid black; padding: 2px;"> 6 </div>											
C. CITY OR TOWN						D. STATE		E. ZIP CODE		F. COUNTY CODE (if known)	
<div style="border: 1px solid black; padding: 2px;"> 6 </div>						<div style="border: 1px solid black; padding: 2px;"> 7 </div>		<div style="border: 1px solid black; padding: 2px;"> 8 </div>		<div style="border: 1px solid black; padding: 2px;"> 9 </div>	

CONTINUED FROM THE FRONT

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A. FIRST				B. SECOND			
(specify)				(specify)			
C. THIRD				D. FOURTH			
(specify)				(specify)			

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C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)										D. PHONE (area code & no.)	
F = FEDERAL M = PUBLIC (other than federal or state) S = STATE O = OTHER (specify) P = PRIVATE										217 222 8561	
E. STREET OR P.O. BOX 640 South Fifth Street											
F. CITY OR TOWN						G. STATE		H. ZIP CODE		IX. INDIAN LAND	
Quincy, Illinois						IL		62301		Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

EXISTING ENVIRONMENTAL PERMITS

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N										9 P									
B. UIC (Underground Injection of Fluids)										E. OTHER (specify)									
U										(specify)									
C. RCRA (Hazardous Wastes)										E. OTHER (specify)									
R										782182 (specify) State of Illinois EPA									

I. MAP

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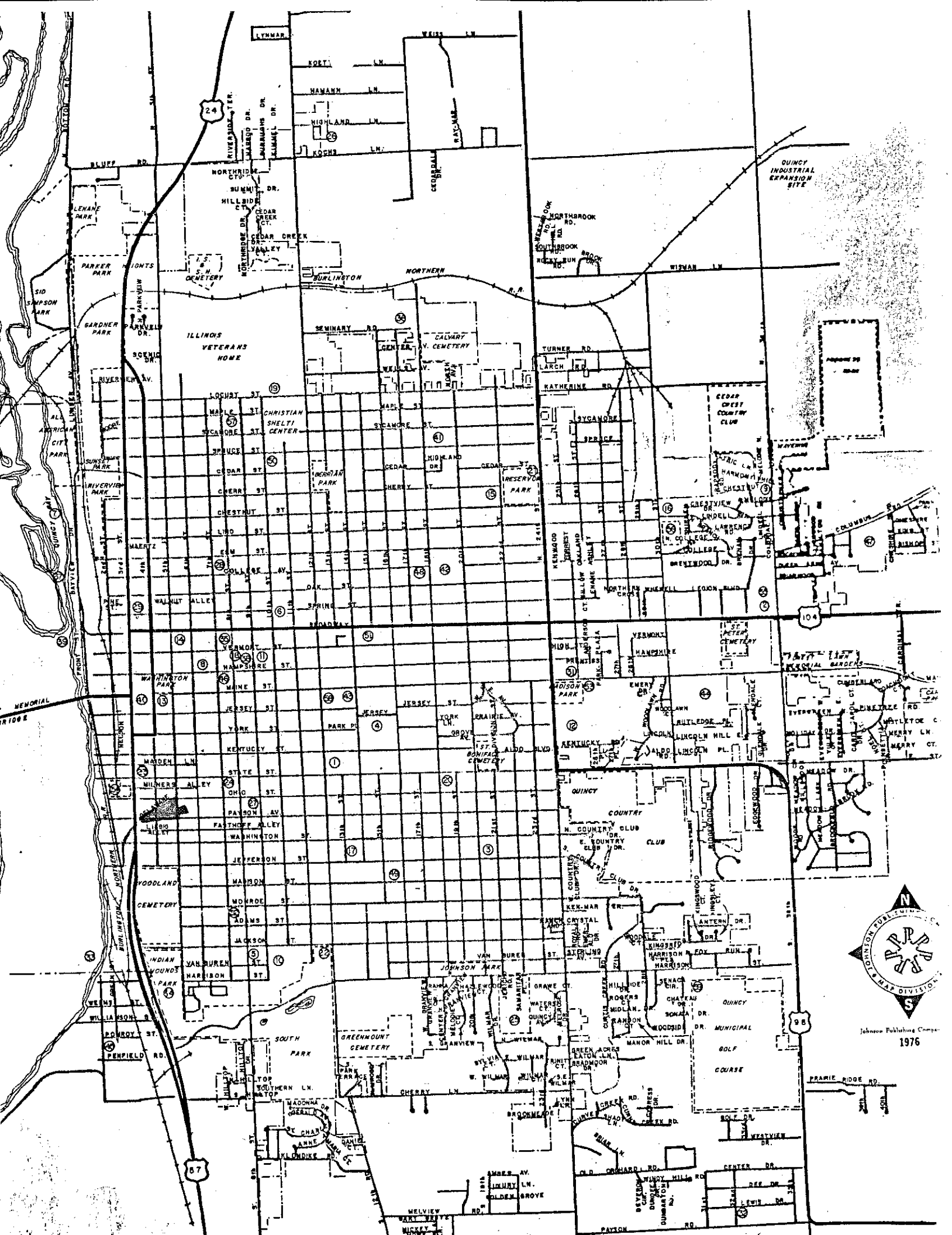
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I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)		B. SIGNATURE		C. DATE SIGNED	
Chas. A. Howe Plant Manager				AUG 7 1980	

COMMENTS FOR OFFICIAL USE ONLY

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BROWER

MANUFACTURING CO.

RECEIVED

letter-built

EQUIPMENT FOR HOGS • CATTLE • POULTRY

OCT 16 1981

640 SOUTH FIFTH STREET • P. O. BOX 251 • QUINCY IL • 62301 • U. S. A.

WASTE MANAGEMENT BRANCH
EPA, REGION V

October 13, 1981

United States Environmental Protection Agency
Region V
230 South Dearborn Street
Chicago, Illinois 60604

Attention: Mr. Arthur S. Kawatachi,
Regional Project Officer.

Dear Mr. Kawatachi:

As per recent telephone conversation with Ms. Uylaine Bonahene, of your agency, I am drafting a reply to your letter regarding a Hazardous Waste Permit Application (ILD006294102) that requested we submit additional information regarding Part A of the application for hazardous waste # F017-paint sludge. This material was proposed for listing as a hazardous waste, but it is now our understanding that F 017 has been delisted as a hazardous waste and is expected to remain delisted for some time to come. As such, you may now void our permit application since this material was the only waste that fell under our program.

Therefore, Brower Mfg. Co. hereby requests assignment by your agency as a non-regulated facility since F 017 has been delisted. My company would appreciate confirmation of your consideration of this request.

Yours very truly

Chas. A. Howe

Chas. A. Howe
Plant Manager

cc: City of Quincy
Attn: Mr. Don Kulek.
Asst, City Engineer.

RECEIVED
10-16-81



217/782-6762

Refer to: LPC #0010655009 -- Adams County
Brower Manufacturing
ILD006294102
RCRA General

April 13, 1988

Karl E. Bremer, Chief
Technical Program Section
U.S. Environmental Protection Agency
Region V
230 South Dearborn
Chicago, Illinois 60604

RECEIVED
APR 15 1988
SOLID WASTE BRANCH
U.S. EPA, REGION V

Dear Mr. Bremer:

Enclosed you will find the following:

- a. The Initial Screening for Environmental Significance form for the above referenced facility.

The following form(s) were not on file at the IEPA for this facility:

- a. Notification of Hazardous Waste Site (EPA Form 8900-1).
- b. Preliminary Assessment (EPA Form 2070-12).
- c. A response to IEPA's request for information regarding Potential Releases from Solid Waste Management Units.

Based upon a review of the information available on the above referenced facility, the Agency has determined that this facility is not environmentally significant and that a Facility Management Plan should not be prepared. Please let us know if you do not agree with this determination.

If you have any questions regarding this initial screening, please contact G. Tod Rowe of my staff at 217/782-6762.

Very truly yours,

Lawrence W. Eastep by CAJ

Lawrence W. Eastep, P.E., Manager
Permit Section
Division of Land Pollution Control

LWE:GTR:ct/797j,65

Enclosure

cc: Division File
USEPA Region V -- Mary Murphy
FOS Central Region

NAME OF PREPARER

G. To d Rowe

PREPARER IS:

☐ HSEPA EMPLOYEE

☒ STATE EMPLOYEE

DATE

3-21-88

TREATMENT, STORAGE, DISPOSAL FACILITY
INITIAL SCREENING
FOR
ENVIRONMENTAL SIGNIFICANCE

FACILITY NAME

Brower Manufacturing

FACILITY ID #

ILD 006294102

FACILITY LOCATION

630 5th Street

STREET ADDRESS

Quincy
CITY

Adams
COUNTY

Illinois
STATE

62301
ZIP CODE

LIST ALL CURRENT INTERIM STATUS PROCESS CODES

NONE

LIST ALL PROCESS CODES PROPOSED IN PART B APPLICATION (IF APPLICABLE)

NONE

INSTRUCTIONS

FOR EACH OF ITEMS 1 THROUGH 11 BELOW, MARK ONE AND ONLY ONE BOX, BASED ON YOUR KNOWLEDGE OF THE FACILITY. USE THE "RATING DISCUSSION" TO ELABORATE, IF DESIRED. NOTE THAT ANY ENVIRONMENTAL CONCERN RATING OF HIGH CONSTITUTES YOUR RECOMMENDATION THAT THIS FACILITY IS "SUFFICIENTLY ENVIRONMENTALLY SIGNIFICANT" TO WARRANT PREPARATION OF A FACILITY MANAGEMENT PLAN. IN ORDER FOR YOU TO RECOMMEND THAT A FACILITY MANAGEMENT PLAN NEED NOT BE PREPARED, EACH AND EVERY ITEM MUST BE MARKED EITHER LOW OR N/A.

Environmental Concern
Rating

1. Rate concern relative to the CERCLA Program, and discuss -- (National Priority List sites should automatically be high concern; significant past handlers of CERCLA cleanup wastes should automatically be high concern; facilities that have absolutely no 'CERCLA connection' should be rated N/A)

RATING DISCUSSION: _____

2. Rate concern relative to status as a commercial handler, and discuss -- (facilities that handle significant amounts of waste from a variety of sources should be rated high; facilities that handle only their own company's off-site waste could be rated low; facilities that only handle on-site generated wastes should be rated N/A)

RATING DISCUSSION: _____

3. Rate concern relative to facility's financial condition (facilities which have or are expected to declare financial insolvency should be rated high)

RATING DISCUSSION: Facility went
bankrupt sometime in 1986

HIGH

LOW

N/A



4. Rate concern relative to facility's 40 CFR Part 265 compliance status/history. (High Priority Violators and Significant Non-Compliers should be rated high; for proposed facilities, rating is N/A)

RATING DISCUSSION: _____

5. Based on the waste management processes employed (to be employed) at the facility, rate the concern, and discuss -- (processes subject to ground water monitoring will most often dictate a rating of high; incinerators will most often dictate a rating of high; "contained" storage/treatment such as in drums/tanks will most often rate low)

RATING DISCUSSION: _____

6. Based on the presence, absence, significance of old Solid Waste Management Units & whether releases from old or current units are known, suspected, corrected; rate the concern, and discuss -- (known & seriously suspected releases should dictate a rating of high, unless felt to be insignificant/de minimis)

RATING DISCUSSION: _____

Environmental Concern
Rating

HIGH

LOW

N/A



Environmental Concern
Rating

HIGH

LOW

N/A

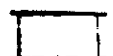
7. Rate concern, based only on the volume and type of waste handled, and discuss -- (low volumes of extremely toxic wastes could rate a high; very heavy volumes of waste could rate a high, though wastes are not particularly dangerous)

RATING DISCUSSION: _____



8. Rate concern relative to facility's NON-haz-ardous waste general environmental regulatory status/history, and discuss --

RATING DISCUSSION: _____



9. Rate concern relative to facility's physical location (proximity to population or to sources of accidents or dangers which would tend to increase the facility's inherent danger)

RATING DISCUSSION: Located in the
town of Quincy, IL.



10. Rate public concern, for whatever reason

RATING DISCUSSION: No Known
public concern

11. Other

DISCUSS: _____

Environmental Concern Rating

HIGH

☐

LOW

☒

N/A

☐☐☐

BASED ON ABOVE ANALYSIS, RECOMMENDATION IS THAT

Brower Manufacturing

FACILITY NAME

IS ENVIRONMENTALLY SIGNIFICANT
AND A FACILITY MANAGEMENT PLAN
WILL BE PREPARED



IS NOT, AT THIS TIME, CONSIDERED
TO BE ENVIRONMENTALLY SIGNIFICANT,
AND A FACILITY MANAGEMENT PLAN
WILL NOT BE PREPARED



SUMMARY OF FACILITY SCREENING
FOR ENVIRONMENTAL SIGNIFICANCE

FACILITY NAME Brower Manufacturing
FACILITY ID # ILD 006294102

Environmentally Significant

YES

NO

STATE'S RECOMMENDATION OF 3-21-88
DATE

☐☒

U.S. EPA RECOMMENDATION OF _____
DATE

☐☐

JOINT STATE - U.S. EPA DETERMINATION

☐☐

Discussion of resolution of issues, if any, in
arriving at joint recommendation. Include
date(s), location, participants at any resolution
meetings.

Mary Murphy



Illinois Environmental Protection Agency · P. O. Box 19276, Springfield, IL 62794-9276

217/782-6762

Date Received: September 14, 1988
Log #C-446 (old C-390)

Refer to: LPC#0010655009 -- Adams County
Brower Manufacturing
ILD006294102
RCRA-Closure

December 1, 1988

Brower Manufacturing Company, Inc.
Attn: Edward Elins
666 Dundee Road
Northbrook, Illinois 60062

Dear Mr. Elins:

The closure plan for the hazardous waste container (S01) storage area submitted by Samuel T. Lawton, Jr. of Altheimer and Gray and prepared by Stuart I. Neiman of Dunn Geoscience Corporation has been reviewed.

Due to the following deficiencies, the plan has been disapproved.

1. DETAILED DRAWING OF THE UNIT - Submit a plan view of the unit, showing dimensions, appurtenant structures and relationship to other points or structures on the facility property, at a minimum. The scale of the drawing must be specified.
2. STORAGE AREA PAVEMENT DESCRIPTION - Provide a scaled drawing showing drainage features of the unit and provide a description of the type of pavement surface at the storage area, structural integrity (i.e., cracks, joints, deterioration) and containment structures (curbs). If cracks or joints exist, identify them on the scaled drawing. If containment structures are not present, describe the drainage features of the unit and its surroundings, and identify where spilled waste would flow. Additional sampling and analysis must be proposed to determine if releases have occurred to soil, groundwater or surface water.
3. SCHEDULE FOR CLOSURE - 35 IAC 725.213 requires the owner/operator to treat, remove or dispose of all hazardous waste in accordance with the approved closure plan within 90 days after receiving the final volume of hazardous wastes or 90 days after approval of the closure plan by the IEPA. The owner/operator must complete all closure activities in accordance with the approved closure plan and within 180 days after receiving the final volume of wastes or 180 days after approval of the closure plan, if that is later.

Closures requiring time periods longer than the above, including extensions after the closure plan approval, must be reviewed and approved by the IEPA (refer to 35 IAC 725.213).



The plan should contain a timetable which shows all critical dates for closure activities, including waste removal, sampling, soil removal, critical points when the independent engineer or his representative will be present, backfilling, survey plat preparation, independent engineer's certification, and other relevant activities. This timetable should generally start at the point of approval or some other definable date (i.e., award of contract, etc.), and not rely on calendar dates.

4. SOIL CLEANUP LEVELS - The Agency will establish clean-up objectives to be used to determine if "clean" closure (closure by removal) has been achieved upon receipt and review of the sampling and analytical results. The sampling plan must include analysis for all F001, F003, F005 and D008 hazardous waste constituents managed at the facility.
5. SAMPLING PLAN AND ANALYTICAL METHODS - Closure of hazardous waste management unit must include sampling of soil to demonstrate clean closure or to determine the nature and extent of soil contamination. Soil sampling should also be provided for container storage areas which is founded on soil or gravel or on concrete pads which are not water tight or do not have curbs or other forms of secondary containment. All samples which are to be taken must be handled in accordance with 40 CFR, Part 261, Appendix III or the soil volatile sampling procedures which are included in the Agency's closure plan instructions as Attachment 7. The analytical methods which will be used must be specified and must be EPA-approved.

An adequate soil sampling and analysis plan should include the following:

- a. parameters to be analyzed
 - b. locations of samples (horizontal location on a scaled map and depth)
 - c. background samples (when applicable)
 - d. sampling methods and equipment
 - e. analytical methods
 - f. evidence of a quality assurance/quality control plan for laboratory analyses
 - g. a clear statement of the proposed "clean" level for soil. Refer to the attachment entitled "Sampling Plan and Analytical Methods".
6. DESCRIPTION OF CONTAMINATED SOIL REMOVAL - Any facility which is attempting to close "clean" must fully describe each step in removing waste and contaminated soil from the property. This includes a description of solidification/stabilization, stockpiling of waste or reagents, equipment, removal pattern and depth increments, loading areas or any other steps critical to removal. The plan should clearly define how soil will be removed, stored, loaded and managed once it leaves the property.



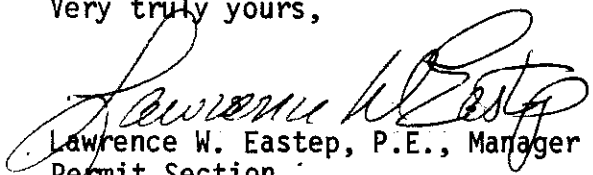
Page 3

7. DESCRIPTION OF EQUIPMENT CLEANING - Any equipment, including heavy earth-movers or smaller tools, should be scraped and washed to remove waste residues. The residues should be managed as hazardous waste, and this cleaning and management should be described in the closure plan.
8. The "Certification Regarding Potential Releases for Solid Waste Management Units" which you submitted in Attachment E appears to only address hazardous waste management as opposed to solid waste management units at the Brower Manufacturing Facility. Therefore, we have attached a blank certification from which you should complete and submit with your revised closure plan.

Pursuant to 725.212(d)(4), you must submit a complete, revised closure plan (ie., not just revised or additional pages) (one original and 3 copies) within thirty (30) days which adequately responds to the above noted comments. Failure to submit a revised plan within thirty (30) days of the date of your receipt of this letter will be considered non-compliance with the interim standards of 35 IAC, Part 725, Subpart G -- Closure and Post-closure and Subpart H -- Financial Requirements.

Should you have any questions concerning this matter, please contact G. Tod Rowe at 217/782-6762.

Very truly yours,


Lawrence W. Eastep, P.E., Manager
Permit Section
Division of Land Pollution Control

LWE:GTR:rmi/3596j/81-83

Enclosure

cc: Springfield Region
Division File
Andy Vollmer
Stuart I. Neiman, Dunn Geoscience Corp.
USEPA Region V -- Mary Murphy ✓
Permit Section - G. Tod Rowe
Compliance Section -- John Richardson
Enforcement Programs

RCRA ACTIVITIES

Mr. Charles A. Howe
Brower Mfg. Co.
640 S. Fifth St.
Quincy, IL 62301

RE: Part A Application (Paint Waste)
FACILITY NAME: *Brower Mfg. Co.*
USEPA ID NO.: *ILD 006 294 102*

Dear

This letter serves to acknowledge that the United States Environmental Protection Agency (USEPA) has processed your Part A Hazardous Waste Permit Application. Our review indicates your facility may not require a permit under §3005 of the Resource Conservation and Recovery Act (RCRA); however, further clarification is needed.

Please be advised that wastes from painting operations and paint production (USEPA Hazardous Waste Nos. F017, F018, K078, K079, K081, K082) have been temporarily suspended from regulation pending further study (40 CFR Part 261.31 and 261.32, Federal Register January 16, 1981). Wastes which exhibit characteristics of ignitability, corrosivity, reactivity, or EP toxicity as defined in 40 CFR Part 261 Subpart C, or which are listed in 40 CFR Part 261 Subpart D remain subject to regulation under RCRA.

Please reexamine your wastes pursuant to 40 CFR Part 262.11 (enclosed) and submit a revised Part A application to the Regional Office within 60 days if your waste is hazardous and regulated. If you find that your waste is not regulated, please withdraw your permit application. Your written withdrawal request, with a detailed explanation, must be signed and certified by an authorized person in accordance with 40 CFR Part 122.6 (enclosed). Withdrawal of the permit application will eliminate further mandated permit processing procedures. Unless we receive a reply within 60 days, we will assume that your waste is regulated and that your facility is subject to the interim status standards including the financial responsibility and Part B permit requirements.

Please contact the Technical, Permits, and Compliance Section at (312) 353-2197, for additional information and copies of blank Part A applications. Please refer to "Part A Application, Paint Waste" in all correspondence on this matter.

Sincerely yours,



Karl J. Klepitsch, Jr., Chief
Waste Management Branch

Enclosures

OK: RS 6/15/82



UNITED STATES
ENVIRONMENTAL PROTECTION AGENCY
REGION V

111 West Jackson Blvd.
CHICAGO, ILLINOIS 60604

REPLY TO ATTENTION OF:
RCRA ACTIVITIES

2.2 JUN 1982
Charles A. Howe
Brower Manufacturing Company
640 S. Fifth Street
Quincy, IL 62301

RE: Part A Application (Paint Waste)
FACILITY NAME: Brower Manufacturing Company
USEPA ID NO.: ILD-006-294-102

Dear Mr. Howe:

This letter serves to acknowledge that the United States Environmental Protection Agency (USEPA) has processed your Part A Hazardous Waste Permit Application. Our review indicates your facility may not require a permit under §3005 of the Resource Conservation and Recovery Act (RCRA); however, further clarification is needed.

Please be advised that wastes from painting operations and paint production (USEPA Hazardous Waste Nos. F017, F018, K078, K079, K081, K082) have been temporarily suspended from regulation pending further study (40 CFR Part 261.31 and 261.32, Federal Register January 16, 1981). Wastes which exhibit characteristics of ignitability, corrosivity, reactivity, or EP toxicity as defined in 40 CFR Part 261 Subpart C, or which are listed in 40 CFR Part 261 Subpart D remain subject to regulation under RCRA.

Please reexamine your wastes pursuant to 40 CFR Part 262.11 (enclosed) and submit a revised Part A application to the Regional Office within 60 days if your waste is hazardous and regulated. If you find that your waste is not regulated, please withdraw your permit application. Your written withdrawal request, with a detailed explanation, must be signed and certified by an authorized person in accordance with 40 CFR Part 122.6 (enclosed). Withdrawal of the permit application will eliminate further mandated permit processing procedures. Unless we receive a reply within 60 days, we will assume that your waste is regulated and that your facility is subject to the interim status standards including the financial responsibility and Part B permit requirements.

Please contact the Technical, Permits, and Compliance Section at (312) 353-2197, for additional information and copies of blank Part A applications. Please refer to "Part A Application, Paint Waste" in all correspondence on this matter.

Sincerely yours,

A handwritten signature in cursive script, reading "Karl J. Klepitsch, Jr.".

Karl J. Klepitsch, Jr., Chief
Waste Management Branch

Enclosures

BROWERMANUFACTURING CO. *passed**better-built*

EQUIPMENT FOR HOGS • CATTLE • POULTRY

640 SOUTH FIFTH STREET • P. O. BOX 251 • QUINCY IL • 62301 • U. S. A.

United States Environmental
Protection Agency
Region V
111 West Jackson Blvd.
Chicago, Illinois 60604

June 30, 1982

Attn: Mr. Karl J. Klepitsch, Jr., Chief
Waste Management Branch

Re: Brower Manufacturing Co.

DKTILD-006-294-102 *G, P, H*

Dear Sir:

Your letter dated June 22, 1982, addressed to Mr. Charles
A. Howe was received.

Please withdraw the permit application for Brower Manu-
facturing Co. since the waste is classified as non-hazardous.

Enclosed is a copy of the correspondence received from
the Special Waste Unit of the Illinois Environmental Protection
Agency.

Cordially,

Harold L. Pickinpaugh

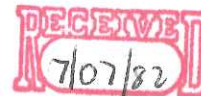
Harold L. Pickinpaugh
Vice-President - Purchasing

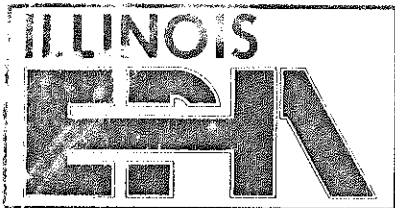
HLP:re
Enc.

RECEIVED

JUL 7 1982

WASTE MANAGEMENT BRANCH
EPA, REGION V





Environmental Protection Agency

2200 Churchill Road, Springfield, Illinois 62706

217/782-6760

July 20, 1981

Application Received @ IEPA: 05/14/81

Permit Number 782192

Permit Expires: 07/01/82

Permit Issued To: Quincy/Municipal #4

Address: City of Quincy

307 Vermont Street

Quincy, Illinois 62301

Waste Name: Spray Paint Booth Sludge

Waste Classification: Non-Hazardous

Waste Generator: Brower Manufacturing

IEPA Generator No.: 0010650069

Waste Generator At: 640 South Fifth

Quincy, Illinois 62301

Attention: Charles Howe

Disposal Site: Quincy/Municipal #4

IEPA Site No.: 00120101

Annual Volume Authorized: 10,000 Gallons

Disposition of Waste:

Bulk or containerized disposal in the municipal refuse in a trench below grade

Permit to receive the indicated waste is granted.

This permit is granted subject to the standard conditions indicated on the reverse side.

Rama K. Chaturvedi

Rama K. Chaturvedi, P.E.

Manager

Special Waste Unit

Residual Management Section

Division of Land/Noise Pollution Control

RKC:BEM:mad/45

cc: Brower Manufacturing

Brower Manufacturing

Region



UNITED STATES
ENVIRONMENTAL PROTECTION AGENCY

REGION V

230 SOUTH DEARBORN ST.
CHICAGO, ILLINOIS 60604

REPLY TO ATTENTION OF:
RCRA ACTIVITIES

Brower Manufacturing Company
640 S. Fifth Street
Quincy, Illinois 62301

RE: Hazardous Waste Permit Application-Incomplete Part A
Facility Name (and EPA ID number) ILD006294102
Facility Address


We have completed our review of your Part A RCRA permit application for the facility referenced above. The application was incomplete; therefore, we are returning it to you along with a checklist which indicates the missing items. Please complete all missing items marked with an asterisk (*) on the application form, and return the form in time to reach this office by November 2, 1981. All other missing items marked on the checklist should be completed and may be forwarded to this office under separate cover by December 2, 1981.

All of these items are necessary in order for the U.S. Environmental Protection Agency to determine whether your facility qualifies for interim status. Once you receive interim status, your facility may continue operating under the interim status standards until such time as a Part B application is requested by USEPA. At that time, you will have up to six months to submit the Part B portion of the application and to show that you comply with the final detail technical standards.

Please note that some of your original entries on the forms may be changed. We have coded your forms to accommodate key punching for subsequent computer processing; all of our coding was done in blue ink only.

If you have any questions or wish to discuss the missing items on the checklist, please feel free to contact Uylaine Bonahene, the reviewer of your application, at (312) 886-3718 or me at (312) 886-7449.

Sincerely yours,


Arthur S. Kawatachi
Regional Project Officer

Enclosure

P.S. All missing items marked with an asterisk must be submitted to us with a cover letter signed by the appropriate certifying official (Item XIII on Form 1 and/or Item IX and X on Form 3) or his duly authorized representative.

IL 0006254/00

Facility Name Brower mfg. Co.

☐ ACKNOWLEDGEMENT SENT

Reviewer V. Banahan / Borden

INTERNAL CHECKLIST

Review Started 8-25-81

PW

1. Interim Regulatory Requirements

A. (1) FORM 1 MISSING

☐

(2) FORM 3 MISSING

☒

B. POSTMARK after NOVEMBER 19, 1980

☐

Valid

C. (1) DATE of OPERATION MISSING

☐

(2) DATE of OPERATION after NOVEMBER 19, 1980

☐

D. (1) NOTIFIED after AUGUST 18, 1980

☐

Valid

(2) NONNOTIFIER

☐

E. (1) FORM 1, XIII B SIGNATURE MISSING

☐

(2) FORM 3, IX B SIGNATURE MISSING

☐

2. A. TSDF

☐

B. NONREGULATED

☒

C. UNSURE

☐

D. UNKNOWN FACILITY

☐

(missing name and address on Form 3)

E. NEW FACILITY

☐

F. CORE ITEM(S) MISSING

☒

G. NONCORE ITEM(S) MISSING

☒

H. OTHER

☐

info
paint wastes

**RECORD OF
COMMUNICATION**

☐ PHONE CALL ☐ DISCUSSION ☐ FIELD TRIP ☐ CONFERENCE
☐ OTHER (SPECIFY)

(Record of Item checked above)

TO:

FROM:

DATE

TIME

Facility I.D.#/Facility Name

SUMMARY OF COMMUNICATION

CONCLUSIONS, ACTION TAKEN OR REQUIRED

INFORMATION COPIES

TO:

FORM 3 (EPA FORM 3510-3)

ITEM NUMBER

CHECK IF ITEM
MISSING

II. First Application

*1. Existing Facility Date (on or before
November 19, 1980)

☒

OR

*2. New Facility Date (after November 19, 1980)

☒

III. Processes

*A. Process Code

☒

*B. Process Design Capacity-Amount

*1. Amount

☒

*2. Unit of Measure

☒

IV. Description of Hazardous Wastes

*A. EPA Hazardous Waste Number

☒

*B. Estimated Annual Quantity

☒

*C. Unit of Measure

☒

*D. Processes

*1. Process Codes

☒

*2. Process Description (If no code is shown)

☒

V. Facility Drawing

☒

VI. Photographs

☒

VII. Facility Geographic Location Latitude

Latitude

☒

Longitude

☒

I.D.# 14D006294102

Reviewer's Initial U.B

CHECK IF ITEM
MISSING

VIII. Facility Owner

- *1. Name of Facility's Legal Owner
- 2. Phone
- *3. Street or P.O. Box
- *4. City or Town
- *5. State
- 6. Zip Code

IX. Owner Certification

- *A. Name
- *B. Signature
- *C. Date Signed

X. Operator Certification

- *A. Name
- *B. Signature
- *C. Date

Comments:

*Form 3 is missing

I.D.# IC0006294/02Reviewer's Initial U

FORM 1 (EPA FORM 3510-1)

ITEM NUMBER

CHECK IF ITEM
MISSING

II. Pollutant Characteristics

☐

*III. Name of Facility

☐

IV. Facility Contact

☐

V. Facility Mailing Address

A. Street or P.O. Box

☐

B. City or Town

☐

C. State

☐

D. Zip Code

☐

VI. Facility Location

*A. Street, Route Number

☐

B. County Name

☐

*C. City or Town

☐

*D. State

☐

E. Zip Code

☐

F. County Code (if known)

☐

VII. SIC Codes (other than Process and Hazardous Waste codes)

☐

VIII. Operator Information

*A. Name

☐

*B. Is the name listed in VIII-A also the owner

☐

C. Status of operator

☐

D. Phone

☐

*E. Street or P.O. Box

☐

*F. City or Town

☐

*G. State

☐

H. Zip Code

☐

I.D.# 14D006294102

Reviewer's Initial UB

IX. Indian Land

☐

X. Existing Environmental Permits

☐

XI. Map

☐

XII. Nature of Business

☐

XIII. Certification

A. *1. Name

☐

2. Official Title

☐

*B. Signature

☐

*C. Date Signed

☐

Comments:

*Form 1 is missing

☐

lams

cc: Bob Stone

PHONE: 217 222-8561

ISS

ILD006294102 PA, G

BROWER
better-built

MANUFACTURING CO.

EQUIPMENT FOR HOGS • CATTLE • POULTRY

640 SOUTH FIFTH STREET • P. O. BOX 251 • QUINCY IL • 62301 • U. S. A.

(13)
Fined

June 10, 1981

Illinois E. P. A.
Division of Land/Noise Pollution Control
2200 Churchill Road
Springfield, Illinois 62706

Attention: M. Nechvatal.

Dear Sir:

RECEIVED

JUN 11 1981

E.P.A. — D.L.P.C.
STATE OF ILLINOIS

We have just recieved a report from you stating that our facility was inspected on March 5, 1981 by your agency and it was found that the USEPA hazardous waste regulations do not apply to our company. We therefore request that we be delisted as a hazardous waste facility.

Yours very truly

Chas. A. Howe

Chas. A. Howe
Plant Manager.

RECEIVED
10/07/83

RECEIVED
OCT 05 1983

WASTE MANAGEMENT
BRANCH



UNITED STATES
ENVIRONMENTAL PROTECTION AGENCY
REGION V

111 West Jackson Blvd.
CHICAGO, ILLINOIS 60604

REPLY TO ATTENTION OF:

RCRA ACTIVITIES

SEP 23 1982

Harold L. Pickinpaugh, Vice President Purchasing
Brower Manufacturing Company
640 South Fifth Street
Quincy, Illinois 62301

RE: Withdrawal of Part A
(Non-Hazardous Waste)
FACILITY NAME: Brower Manufacturing Company
USEPA ID No.: ILD 006,294 102

Dear Mr. Pickinpaugh:

This to acknowledge that the United States Environmental Protection Agency (USEPA) has completed its review of your Part A Hazardous Waste Permit Application and your letter of June 30, 1982, requesting the withdrawal of your permit application. According to the information which you have submitted, the wastes which are treated, stored or disposed at your facility are not defined as a hazardous waste in 40 CFR 261.3. It is the opinion of this office, based on the information submitted that your facility is not required to have a hazardous waste permit under Section 3005 of the Resource Conservation and Recovery Act at this time. Please be advised that you must still comply with any applicable State and local requirements.

You will retain your USEPA Identification number if you notified that the facility is a generator or transporter of a hazardous waste.

Please contact the Technical, Permits and Compliance Section at (312) 353-2197 for assistance if you have any questions. Please refer to "Withdrawal of Part A (Non-Hazardous Waste)," in all telephone contacts and correspondence.

Sincerely yours,

Karl J. Klepitsch, Jr., Chief
Waste Management Branch

cc: Charles A. Howe, Plant Manager
IEPA



UNITED STATES
ENVIRONMENTAL PROTECTION AGENCY
REGION V

111 West Jackson Blvd.
CHICAGO, ILLINOIS 60604

PLW

REPLY TO ATTENTION OF:
RCRA ACTIVITIES

Charles mailed out copy for 9/23/82 *EN*
Harold L. Pickinpaugh Vice President Purchasing
Brower Manufacturing Company
640 South Fifth Street
Quincy, IL 62301

RE: Withdrawal of Part A
(Non-Hazardous Waste)

FACILITY NAME: *Brower Manufacturing Company*
USEPA ID No.:

ILD 006 294-102

Dear

This to acknowledge that the United States Environmental Protection Agency (USEPA) has completed its review of your Part A Hazardous Waste Permit Application and your letter of June 30, 1982, requesting the withdrawal of your permit application. According to the information which you have submitted, the wastes which are treated, stored or disposed at your facility are not defined as a hazardous waste in 40 CFR 261.3. It is the opinion of this office, based on the information submitted that your facility is not required to have a hazardous waste permit under Section 3005 of the Resource Conservation and Recovery Act at this time. Please be advised that you must still comply with any applicable State and local requirements.

You will retain your USEPA Identification number if you notified that the facility is a generator or transporter of a hazardous waste.

Please contact the Technical, Permits and Compliance Section at (312) 353-2197 for assistance if you have any questions. Please refer to "Withdrawal of Part A (Non-Hazardous Waste)," in all telephone contacts and correspondence.

Sincerely yours,

Karl J. Klepitsch Jr.

Karl J. Klepitsch, Jr., Chief
Waste Management Branch

OK EN

9/23/82

*OK
221
9/28/82*

cc. Charles A. Howe Plant Manager

cc. IEPA

Mailed out copy for 9/23/82
(Need envelope for IEPA)



STATE OF ILLINOIS
ENVIRONMENTAL PROTECTION AGENCY

TO: Bob Stone *Versar* DATE: 10/3/83
FROM THE DESK OF: Barb Belland

RE: _____

- | | |
|---|--|
| <input type="checkbox"/> FOR YOUR APPROVAL | <input type="checkbox"/> FOR YOUR INFORMATION |
| <input type="checkbox"/> TAKEN NECESSARY ACTION | <input type="checkbox"/> PER YOUR REQUEST |
| <input type="checkbox"/> APPROVED | <input type="checkbox"/> SEE ME ABOUT ATTACHED |
| <input type="checkbox"/> REPLY REQUESTED | <input type="checkbox"/> PLEASE RETURN |
| <input type="checkbox"/> FOR YOUR COMMENTS | <input type="checkbox"/> PLEASE CALL ME |

COMMENTS:

*I pulled this from one of
our files. Can you see
that Versar receives it
to process. Thanks.*

Barb

★ GPO : 1979-288-848

SENDER: Complete items 1, 2, and 3. Add your address in the "RETURN TO" space on reverse.	
1. The following service is requested (check one.) <input type="checkbox"/> Show to whom and date delivered. <input type="checkbox"/> Show to whom, date and address of delivery. <input type="checkbox"/> RESTRICTED DELIVERY <input type="checkbox"/> Show to whom and date delivered. <input type="checkbox"/> Show to whom, date and address of delivery. <input type="checkbox"/> RESTRICTED DELIVERY Show to whom, date, and address of delivery \$ _____ (CONSULT POSTMASTER FOR FEES)	
2. ARTICLE ADDRESSED TO: Brower Mfg. Co. 646 S. Fifth Quincy, I. 62301	
3. ARTICLE DESCRIPTION: Quincy, I. 62301	REGISTERED NO. _____ CERTIFIED NO. _____ INSURED NO. _____
(Always obtain signature of addressee or agent) I have received the article described above. SIGNATURE <input type="checkbox"/> Addressee <input type="checkbox"/> Agent <i>[Signature]</i> DATE OF DELIVERY _____	
5. ADDRESS (Complete only if requested) QUINCY, IL 62301 646 S. FIFTH QUINCY, IL 62301	
CLERK'S INITIALS <i>[Signature]</i>	6. UNABLE TO DELIVER BECAUSE:

RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL
PS Form 3811, Jan. 1979

BROWER

MANUFACTURING CO.

EQUIPMENT

640 SOUTH FIFTH STREET
P.O. BOX 251
QUINCY IL 62301 U.S.A.

*Post Mt. PS
and Kmart in*

United States Environmental Protection Agency
Region V
230 South Dearborn St.
Chicago, Illinois 60604





Illinois Environmental Protection Agency
2200 Churchill Road, Springfield, IL 62706



*Bob Stone - U.S.E.P.A.
Region V
230 South Dearborn
Chicago, Illinois 60604*

BROWER

MANUFACTURING CO.

EQUIPMENT

640 SOUTH FIFTH STREET
P.O. BOX 251
QUINCY IL 62301 U.S.A.

U. S. Environmental Protection Agency
230 South Dearborn St.
Chicago, Illinois 60604

*AHMB
WMB*



(16)